



City of Wichita
 Controller's Office, 12th floor
 455 N. Main St.
 Wichita, KS 67202
 Voice: (316)268-4651
 Fax: (316)219-6308

ACH Payment Enrollment Form

Date

Payee/Company Information (To be Completed by Payee)					
Name:	Social Security or Taxpayer Number:				
Address:	Depositor Account Number: Checking Savings				
Contact Person Name:	Telephone Number:				
Payee/Joint Payee Certification: I certify that I am entitled to the payments identified with this Taxpayer/Social Security number. In signing this form, I authorize my payment to be sent to the financial institution named below and deposited to the designated account.	<table border="1"> <tr> <td>Signature</td> <td>Title</td> </tr> <tr> <td>Signature</td> <td>Title</td> </tr> </table>	Signature	Title	Signature	Title
Signature	Title				
Signature	Title				

The City of Wichita must be notified of any bank account changes. Failure to notify the City of such changes may result in your payment being delayed.

Financial Institution Information (To be Completed by Financial Institution)			
Depositor Account Title:		Name of Financial Institution:	
Mailing Address on Bank Account:		Address of Financial Institution:	
ACH Coordinator Name:		Telephone Number:	
Nine-Digit Routing Transit Number:			
Depositor Account Number:			
Type of Account:		Savings Checking	
Financial Institution Certification: I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31CFR Parts 240, 209, and 210.			
Print or Type Representative's Name:	Signature of Representative:	Telephone Number:	Date:

Return the completed form by mail to the address above or fax to (316) 219-6308.